GUIDE TO A PROPOSED PRACTICE MODEL FOR

WORKING WITH FAMILIES

Right from the Start

MASSACHUSETTS DEPARTMENT OF SOCIAL SERVICES

Harry Spence
Commissioner

Susan Getman
Deputy Commissioner

Isa Woldeguiorguis
Assistant Commissioner

Phyllis Barajas
Project Manager

FALL 2005

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✶
EXECUTIVE OFFICE
OF HEALTH AND
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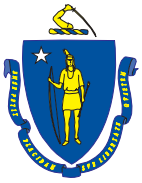
**DEPARTMENT OF
SOCIAL SERVICES**



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✶

MASSACHUSETTS
DEPARTMENT OF
SOCIAL SERVICES
✶
24 Farnsworth St.
Boston MA 02210
✶
T 617.748.2000
F 617.261.7435
www.dsskids.org

December 2005

Dear Reader,

For precisely one year to the day, the ninety participants in Working with Families Right from the Start (WWFRFS) have been engaged in fashioning a vision for a new kind of child welfare system for Massachusetts. This document offers their vision to all of you who share their passion for supporting children and families, and asks you to join them in thinking bravely and rigorously about what our future as a child welfare system should look like. These ninety participants—Department staff, parents and families, providers, community leaders, fellow state agencies—have dared to provide a substantive answer to the question, "Knowing what we have been and are, what do we long to be?" Put another way: "Knowing what we have learned, what are we ready to become?"

It is part of the hope and joy of our present circumstances that when ninety people who come to the question from ninety disparate experiences of child welfare join together, their answers to the question are stunningly congruent. There are still debates among the participants about timing, resources, sequence, specificity. But there is a striking unanimity about the direction that the child welfare system needs to move in. While there is much fodder for debate about how we get there, there is no debate about the arc of our progress.

They have traveled a long way together in a year, further than any of us expected when they started out. They have spent days together, researching, remembering, inquiring, listening, debating, clarifying. You may or may not be convinced by all or parts of what they have assembled. You may need to be provoked by what they propose to clarify your own thinking, and to ride the learning curve they have traversed. We hope you will take the time to contemplate their achievement, and speak to it.

Between now and the end of the year, WWFRFS will conduct a "Listening and Learning Tour", inviting many others of diverse experience and perspectives to react to the document and advance our learning. This will be followed by the establishment of a Phase II Design Team after the first of the year. We are very much beholden to the participants in WWFRFS for their courage and contribution, and grateful for their extraordinary diligence and dedication. Their example calls us to expand and continue the dialogue. I look forward to the further enrichment of what they have placed before us.

Sincerely,

Harry Spence

Harry Spence,
Commissioner

WORKING WITH FAMILIES

Right from the Start

LISTENING & LEARNING TOUR 2005

The Department of Social Services welcomes your feedback on our proposed practice model for Working With Families Right From the Start. We will use your comments to help us shape the concept model into an operational design for practice.

1. How are you connected to DSS? ☐ Family Partner ☐ Community Partner ☐ DSS Staff

2. What ideas in the model work for you?

3. What ideas are unclear?

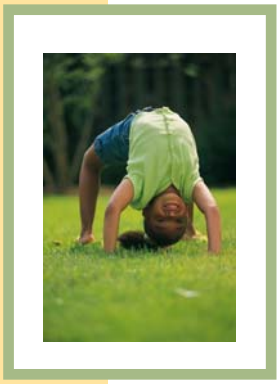
4. What do you see as the potential impact on the ways DSS works with families and communities?

5. What will it take to make the concepts work?

Date:_____

Email feedback to: **wwfrfs@massmail.state.ma.us**
Or mail this form to: WWFRFS, c/o DSS
24 Farnsworth St.
Boston, MA 02210

For information about WWFRFS: Go to **www.dsskids.org**
look under "Initiatives."



GUIDE TO A PROPOSED PRACTICE MODEL FOR
WORKING WITH FAMILIES

Right from the Start

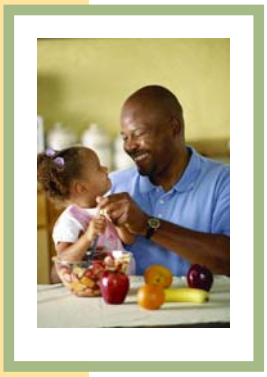
Basic Values of Family Centered Practice:
The family is the center of a child's life. And all families, no matter how stressed or distressed, have strengths and resources.

Background

The Department of Social Services (DSS) was established in 1980 as the state agency responsible by law to investigate reports of child abuse and neglect, provide services to families and provide care for children who cannot safely remain with their families. DSS is organized with a central office in Boston and 29 offices in communities through the state, coordinated by 6 regional offices. DSS has approximately 3,400 employees, 2,535 of whom provide direct services to children and families. DSS serves an average of 24,000 families at any given point in time.

The field of child welfare has grown since its beginning in the late 19th century, and DSS has learned much in its twenty-five year history. Early on, many legislators, religious advocates and social workers believed that the best way to protect children was to remove them from their very poor families and place them with wealthier mentors or in orphanages. Over time, as civil rights and other justice movements emerged, children's rights received greater attention. Ultimately, an understanding grew that if we are to really help children, we must help their families. Still, we have yet to resolve this basic question:

> *What is the best way to protect children and provide them with a healthy upbringing?*



In 2001, new DSS senior managers reviewed then current policies and practices. They found that most had not been revised since the early 1990s. Although many policies clearly were meant to support families, it was unclear if they were effective. Focus groups were held and surveys were answered by many families, community members and DSS staff. In these explorations, parents reported that they felt shamed and invaded by the process – in which they were 'reported' and 'investigated'. DSS staff were working to be more responsive to families, and to support family strengths and resources. Yet, staff reported they often felt isolated and unsupported in doing their jobs.

At the same time, DSS was working hard as an agency to define who it is and what values it holds as an organization. It articulated a set of Core Values to guide the work of every employee. It began trying new approaches and seeking to utilize Family Centered practice as a primary way of being and working. This approach, long used elsewhere, answers the basic question by identifying the family as a full partner with DSS in supporting a safe and permanent home for children.

DSS also moved toward a Strength Based approach to services. Traditionally, services were planned on the basis of problems alone. While problems are important to deal with, when strengths and resources are highlighted, families bring their own abilities and goals fully into the process of finding solutions.

To support social workers in doing the very best work they desire to do, DSS has tested several ways for social workers to work as 'teams', rather than in isolation. This means that no one social worker carries any responsibility alone – it is shared with other staff and with their managers. This is called 'teaming'.

Responses from interviews, focus groups and surveys, combined with early learning from these new approaches, made one thing clear: it was time to look closely at how DSS became involved in the lives of families. We knew there must be a better way, and were confident that we could find it.

Finding the better way

was the job of the project Working With Families Right From the Start (WWFRFS). From September 29, 2004 to September 29, 2005, 90 people on the work team met at least once a month to design a new model for family centered practice, that is, plan for the basic components of the DSS system. The team spent this year: looking at what was working at DSS; studying what other states and countries were doing; and evaluating what they found. Then they designed a new way of working with families. The ninety people worked in seven small groups, each group with a specific area of responsibility.

The best organizations review their operations now and then to ensure they are as effective as they can be. But WWFRFS is unusual in several ways. First, review and design are the work of those most involved in and affected by the current system. The ninety-strong team comprises parents and community members (40%), social workers and staff from DSS community area offices (40%) and DSS regional and central offices (20%). Second, although a large group of people with very different backgrounds, working separately in seven groups, the team members created a **shared vision.** Then, using the vision and the Core Practice Values of DSS, they developed a clear set of **guiding principles for family centered practice.** Finally, they agreed on essential components of the new practice model. This Guide is a brief summary of their work.

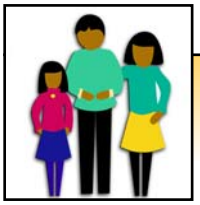
WWFRFS Shared Vision for DSS by 2010

- DSS actively engages with families, in helpful, welcoming and supportive ways, to protect children and intervene to achieve safety, well-being and permanency.
- DSS involves families as partners and team members in problem solving and decision-making.
- DSS practice is respectful. It supports families in meeting children's needs for safety, well-being and permanency through clear communication and facilitated access to wide-ranging community resources.
- DSS staff reflect the diversity of the communities served, providing quality professional service that demonstrates cultural competency and linguistic responsiveness at all levels, and is proactive in its approach to improving the lives of families and the communities they live in.
- DSS nurtures a culture of reflection, learning, and continuous improvement that inspires staff and families and that sustains itself through political transitions.
- DSS settings reflect respect for families and staff alike, featuring the best available technology, equipment and accessible facilities to support families.

WWFRFS Work Groups

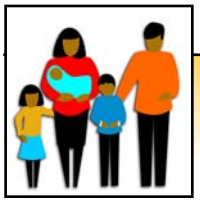
1. **Engagement and Responsiveness to Families:** how DSS first becomes involved with families.
2. **Safety:** clearly defining with families the degree to which children are safe.
3. **Well-being:** ensuring that DSS attends to the healthy physical and emotional development of children, as well as to their safety.
4. **Planning Services for Achieving Permanency:** ensuring that children have enduring, positive, lifelong connections with family.
5. **Community Partnerships:** how DSS works with and in communities, and how the connection between DSS and communities could be strengthened.
6. **Supporting Practice Change:** ways to inform people about WWFRFS and to ensure changes are sustained.
7. **Measuring Our Success:** designing standards to measure of how well the new model works.

6 Guiding Principles for Family Centered Practice



1. *Core Practice Value:*
Child Driven

- Permanency, safety and well-being of children, as well as that of the people connected to them, form the center of the work DSS engages in with families and their communities.
- Children's physical and emotional safety is paramount.
- Children have the right to be part of a safe family.
- Children have the right to a fair chance in life and opportunities for healthy development.
- Children have the right to community protection.
- Children's experiences and perspectives are heard and understood.

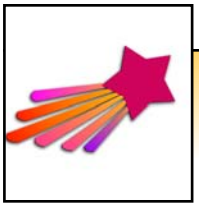


2. *Core Practice Value:*
Family Centered

- The family is the primary source for the nurturing and protection of children.
- Mothers, fathers and other significant caregivers should be supported and respected in their efforts to nurture their children.
- Family is defined broadly by its members and includes mothers, fathers, other significant caretakers and their kin who may not be currently evident in the child's life.
- Family is significant to all aspects of the child's development.
- Families are entitled to and deserve self-determination, privacy and access to resources and non-traditional supports.
- Families are capable of change and with support most can safely care for their children.
- Families are partners in meeting children's needs for permanency, safety and well-being.
- Families deserve to be engaged respectfully.

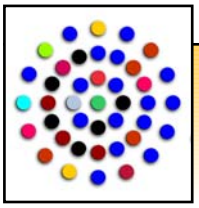
3. *Core Practice Value:*
Community Focused

- Families are resources to one another and to communities.
- Every community has assets as well as needs.
- Identifying and strengthening informal and formal resources strengthens children and families.
- Informal supports are valuable for families and should be sought.
- Service providers and community resources must be accountable and responsive to the communities they serve.
- Work with families is focused on identifying and strengthening community resources.
- Child safety, well-being and permanency are a community responsibility.



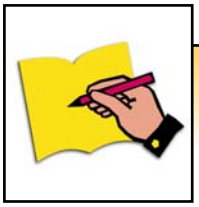
4. *Core Practice Value:* Strength Based

- Engaging families respectfully promotes involvement that focuses on and supports strengths.
- Children and families have strengths which need to be recognized and supported.
- Families have the ability, with support, to overcome adverse life circumstances.
- Families can grow and change through identifying and building upon assets and strengths.
- Identifying family strengths will inspire hope.
- Strength emerges from building partnerships between the family, community and DSS.



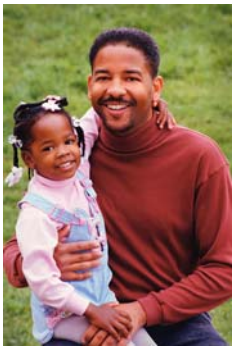
5. *Core Practice Value:* Committed to Cultural Diversity/ Cultural Competence

- Families are diverse and have the right to be respected for their economic, ethnic, racial, cultural and religious experiences and traditions as well as for the genders, sexual orientations and ages of family members.
- Practice and services are delivered in a manner that respects, supports and strengthens the child's and family's identity.
- Every culture is recognized for its positive attributes and challenges for families, professionals and communities.



6. *Core Practice Value:* Committed to Continuous Learning

- Self-reflection, by individuals and systems, fosters growth.
- Data should be used to promote learning.
- Opportunities for continuous learning must be widely afforded to professionals, family and community providers.
- Child, family and community input are essential in the learning process.
- Positive growth and change must build on identified strengths.
- Families have a right to participate in services with highly skilled and trained professionals.



Online Information

Find additional information online at www.dsskids.org. See "Working With Families Right From the Start" in the Initiatives box of the DSS landing page.

Essential Features of the Model

1. **Safety, Well-being and Permanence:** Safety, well-being and permanence should not be viewed as three separate areas. They are three fundamental aspects supporting the development of a healthy child. When any one of them is lacking, healthy development cannot progress.
2. **Relationships:** Establishing honest, respectful, mutual relationships is essential to every component of the practice model
3. **Responsiveness:** An honest and affirmative relationship is characterized by close attention to the abilities and needs of those involved, and by responding when needed.
4. **Respect:** Involvement with DSS should be based on mutual respect and never be associated with shame and stigma.
5. **Shared Responsibility:** Responsibility for the care of children begins with families. Families are supported by the community and its formal and informal systems. Child protection requires the coordinated work of parents, the community and DSS.
6. **Expertise:** Assessing a family's strengths and needs, and supporting the well-being of children, requires a substantial body of knowledge and a high level of skill.
7. **Consistency:** The practice model and its principles must be applied in ways that are consistent across the state.
8. **Use what we already know works:** Each working group has emphasized components which have been shown to work. In other words, the practice model is built on experience: it is neither experimental nor a pilot program.

The Practice Model

DSS – Community Partnership

The new practice model begins where DSS works and where families live – in the community. Here, it incorporates the Core Practice Value that the work of DSS will be Community Focused. Through its 25 year history, DSS has learned that joining with and strengthening communities is essential for supporting families and keeping children safe. Communities share this responsibility with DSS. Neither can do it alone.

In keeping with the principle of using what works, the WWFRFS team found Area Boards and DSS-Community programs already in place. By revitalizing and expanding these, DSS could support stronger partnerships with community.

Revitalize Area Boards: Each DSS area office has a Board, like a Board of Directors or Board of Trustees. These Boards were established in the same legislation that established DSS. The job of the Board is to advise DSS about local needs and resources. Boards should have 21 members, including DSS consumers (i.e., families served by DSS), residents of the community, business leaders, representatives of other social and mental health service providers, and municipal stakeholders.

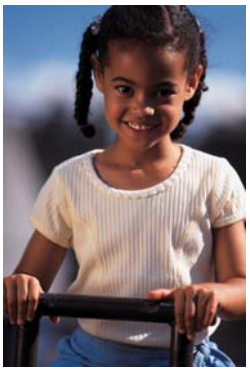
Currently Area Office Boards vary across the state – some are very active, some not. WWFRFS recommends that all Area Boards be revitalized, so they can bring their knowledge and understanding of the community to DSS, and connect DSS to existing community groups and resources.

Support and Expand Existing DSS-Community programs: Some successful programs already exist, and these serve as excellent models:

1. **PATCH:** An approach that can be adapted for any area or community, PATCH is a neighborhood based program in which the community designs and develops resources to support its families and protect its children.
2. **Community Connections:** Coalitions made up of community residents, service providers, and public officials. These organizations coordinate child abuse and neglect prevention services for families in neighborhoods. They hold monthly forums where community needs and ideas are discussed and actions planned.
3. **Family Support Networks:** Informal collaboratives of residents, professionals, community representatives and others. They provide information, support, and encouragement to family members through the sharing of experiences, ideas and connections.
4. **Connecting Families Program:** A child abuse prevention program developed by Massachusetts Society for Prevention of Cruelty to Children (MSPCC) and DSS. It exists in six DSS area offices (Brockton, Hyde Park, Fall River, Lawrence, Springfield, Worcester). The program is for families with who have been the subject of a report of child abuse or neglect, where the report was 'unsupported'. The initiative is based on research that indicates many families with unsupported investigations are often subject of repeat reports.

Information and Referral Specialist: The WWFRFS team also recommends a new element: creating a full time staff position in each area office to serve as an Information and Referral (I&R) specialist. This person would know the formal and informal resources of the community; provide up to date information to area office staff; and work with the Area Board and community to support and build partnerships.

Cultural Responsiveness: The team highlighted the Core Value of DSS Commitment to Cultural Diversity and Competence, and recommends that DSS literature be available in languages spoken in area office communities, and that area offices have staff available who speak those languages. Even beyond this, awareness of the role that culture plays in child rearing, family dynamics and use of services must be a part of how families are engaged and understood.



Community

Where we live, love, play, work, learn, worship and access services and goods. The community is that area where people converse and congregate during their daily lives. It is where they buy bread, send their children to be educated, seek medical care, pay taxes and fines, try to acculturate and wish they did not have to assimilate. DSS is part of that community and the community is much more than DSS.

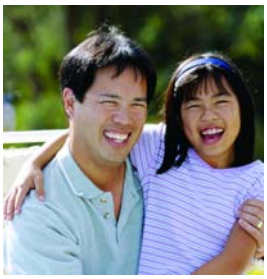
Family Engagement

WWFRFS calls the initial contact between a family and DSS 'engagement'. In this model, engagement implies mutual respect and commitment. Every aspect of DSS involvement in the lives of families and children is important, but if the process does not get off to a good start, what follows can be difficult for everyone.

Nearly 90% of the families involved with DSS encounter the system first as a result of a report of child abuse or neglect (known as a '51A'). The current system requires a report of abuse or neglect first to be 'screened'. In 'screening', a social worker determines (sometimes in consultation with a supervisor) if the report falls in the Department's mandate, alleging a child has been abused or neglected by a caregiver. Some reports do not fit this mandate (approximately 35% of the reports received are 'screened out'). Screened in reports must be 'investigated' within *10 calendar* days. The result of the investigation is a finding that the report can be 'supported' or 'unsupported' (Did the event reported happen? Do the conditions cited in the report exist?). Usually one social worker conducts the investigation, consulting with a supervisor.

Most families subject to supported reports (about 75%) are challenged by substance abuse, mental illness, domestic violence, unemployment or poverty. Families cope with these challenges as best they can, but sometimes their effects on children can be traumatic. Being "reported" and "investigated" can add to the feeling of failure parents experience. Yet, in 25% of families where reports are supported children are being seriously hurt. So the team had to design a way to respond to a wide variety of different family needs. The new model had to help DSS, families and community partners have honest, respectful discussions aimed at finding solutions to ensure that children would be safe, and able to grow in healthy ways, with secure family connections. It needed to embody the Core Practice Values, particularly Child Driven, Family Centered and Strength Based Practice.

Expanded Screening: Current policy allows a maximum of 2 days for screening, and screening is limited to reports of abuse and neglect. It may include telephone contact with families. The WWFRFS design provides for screening to take place in 3 days and to be provided for all referrals, not only reports of abuse and neglect. Screening would continue to handle reports of abuse and neglect and determine if the referral or report falls within the DSS mandate for services to children and their families. But, in expanded screening, DSS would also provide information and referral services, a home visit to the family if needed, a brief safety assessment to determine if the child is currently safe, with, when indicated, an emergency response (within 2 hours). The screening decision would be made by a team of the social worker, supervisor and a manager. When the screening decision determines that it is appropriate for DSS to be involved, the family would be referred for the response that suits the family best – different pathways.



Different Pathways: There are 3 primary pathways: Information, Referral and Follow-up; Protective Response; and Family Assessment Response. The **Information, Referral and Follow-up** pathway is best for families whose needs can be met by resources in the community. The I&R specialist makes the referral, provides the information to the family, and follows-up to be sure the family receives the service.

A child has been seriously harmed in less than one in 4 of families who become involved with DSS. In such families serious conditions could have led to a child's death or to a child being physically injured, sexually abused, or subjected to conditions so hazardous as to cause harm. These families would be referred for a **Protective Response.** In the Protective Response, a team of social workers would conduct an investigation, and when necessary work with law enforcement agencies. The team would have *10 business* days to complete the investigation.

If the team finds the report was accurate, the family would be referred for a Family Assessment as well as other required immediate services. If the team finds that the report was not accurate but the child's safety was in jeopardy, the family would also be referred for a **Family Assessment.** One of the social workers on the team would continue with the family as part of the team providing the Family Assessment. If the report was not accurate and the child's safety is not in jeopardy, the family might be offered I&R services and the case closed.

All other families would be referred for a Family Assessment Response. In other words, the model proposes to refer the vast majority of families, for an assessment of the family's strengths and needs without an investigation, or a finding of abuse or neglect. This would eliminate the stigma of 'investigation' and of being labeled as 'abusive' or 'neglectful'.

The Family Assessment is also provided by a team, of which the family is a critical part. The Family Assessment will begin and end with a family meeting, and no decision about the family will be made without the family. In each of these three pathways, services will be provided as soon as the need is identified.

Safety
The condition in which the combined individual, family and community capacities are ***sufficient*** *to take necessary action to ensure that a child's essential physical, developmental and emotional needs are being met.*

Danger
The condition in which the combined individual, family and community capacities are ***insufficient*** *to ensure that a child's essential physical, developmental and emotional needs are being met.*

Safety

Traditionally, investigations and assessments focus on risk and danger, i.e., the possibility that a child has been or might be harmed. The team believes strongly that forming productive, honest partnership with a family – and getting a true understanding of the family – must be balanced by a search for signs of safety. This reflects a Strength Based approach – another DSS Core Practice Value.

Families have resources and strengths they can use to keep their children safe. When these are ignored, and risk alone is highlighted, families may believe themselves incapable of caring for their children. However, when resources and strengths are also explored, blame and stigma can be avoided; and social workers and families can work *together* to address concerns about a child's safety.

The team believes it is important to be thoughtful about the words we use. In the past the words 'safety' and 'risk' have often been used interchangeably. They are not the same thing. Signs of safety can be observed and identified. They include strengths and resources, referred to as capacities, that (1) increase the likelihood that a child will be protected from maltreatment in all areas of growth: physical, emotional and developmental; and (2) support a child's resilience and healing where maltreatment has already occurred. These capacities exist in individuals, families and communities.

A safety assessment would incorporate measures of these capacities. The safety assessment would be conducted during screening, and periodically during the course of DSS involvement with the family. The family would be involved in conducting this safety assessment. Capacities are defined, and can be found on page 20 of the full report of the WWFRFS project (at www.dsskids.org). Such an assessment would enable the family and social worker to identify potential dangers as well as potential sources of safety.

Family Assessment

The Family Assessment Response helps develop a full picture of the strengths and needs of the family, and an understanding of the ability of the family and community to provide for the child's safety, well-being and permanence. The Family Assessment is the stage where safety, well-being and permanence for children become integrated. Safety is a priority in the initial encounter. But once engaged with a family, the family and DSS join together to ensure the child's safety, well-being, and to support permanence – lifelong nurturing relationships – for the child.

While current policy calls for comprehensive assessments, child developmental assessments are not required (although they are often provided). Multi-disciplinary team resources provide important expertise in challenges such as substance abuse, domestic violence and mental illness, but these are not uniformly available in all area offices. Involvement of kin often happens, and family meetings often occur, but again, this is not uniform. Finally, current practice calls for assessments to be completed by one worker, with support from a supervisor.

WWFRFS recommends a more comprehensive team approach – a team composed of the family, DSS staff and experts from community resources. To ensure that the process attends to the child's well-being, a developmental assessment will be included. Many children who are referred to DSS have been affected by trauma – indeed, many parents have been affected by trauma. Therefore, the WWFRFS team recommends that a multi-disciplinary team participate in the assessment. The team should have expertise in substance abuse, domestic violence, mental illness, sexual abuse, child development, and developmental disabilities. DSS should continue to support the competency of DSS staff. However, staff and families also need expert community resources.

The identification of kin and family friends who might help support the family will be included by using the Family Circle of Support Tool from the Connecting Families program. This aids in the identification of a family's formal and informal community connections. It will also help identify relationships that are important to the child, which can be supported both within the family and in the event placement is necessary.

Current policy calls for assessments to be completed within 45 business days (approximately two months). The team acknowledges the increased scope of the assessment recommended, but believes that families are better served when assessments are completed more swiftly, and recommends that assessments be completed in 30 business days.

Re-Assessment and Responsibility for Well-Being: The family and DSS should periodically re-assess progress in supporting the child's safety, well-being and permanence. DSS level of responsibility for a child's well-being varies depending on the child's relationship with the agency. When children live with their families, parents and caregivers have primary responsibility for the child's healthy development. When a child is in placement, DSS assumes this primary responsibility. Consistent with family centered practice, the Department should implement its responsibility in collaboration with the child's parents whenever possible. DSS is also responsible for supporting relationships that are important to the child.

Therefore, the WWFRFS team recommends that a limited re-assessment, including safety, well-being and permanence, occur whenever there is a review of the service plan, a transitional placement, major family or life changes, foster care review, group care review or clinical review. This re-assessment will ensure that safety, well-being and permanence remain at the center of the work of DSS and the family.

Cultural Responsiveness: In order to support a family's assessment, DSS staff must be knowledgeable about the family's culture, guided by the Core Practice Value of Commitment to Cultural Diversity and Competence. Training and information about diverse cultures can support staff in this effort. However, in order to understand the culture of a particular family, the social worker must be willing and able to be taught by the family. This ability is a matter of attitude, values and commitment as well as of training.

Well-being

A measure of one's ability to function successfully in home, school and community with satisfaction/ enjoyment. Assessment of well-being involves an analysis of the physical (medical and dental), mental, emotional, educational and social development of the child and an examination of a child's functioning in the home, school and community.

Permanence

Occurs when children have relationships that offer safe, stable and committed parenting, life-long emotional support and family membership status that last beyond age 18. It is achieved through the preservation of an intact family or securing of a family through reunification with birth family, legal guardianship or adoption; placement with kin; or the forming of connections with older caring and committed adults.

Developing and Supporting Life Long Permanent Relationships

Every child and youth is entitled to a permanent family. Children have these permanent relationships in their own families. Therefore, the first goal of DSS and the family is to preserve those relationships. At first contact with DSS, the family should be asked to name relatives (including birth fathers and mothers who may not be present), extended maternal and paternal family, and friends who support the family. If it is necessary for a child to enter foster care, this list serves as the first resource, so that children can be placed with kin. While this is what often happens now, it must become routine. Existing attachments must be supported by every placement plan.

WWFRFS supports use of **concurrent planning** where work proceeds both to prevent placement, and to have suitable resources available should placement be necessary. If a child is placed in foster care, concurrent planning includes work toward reunification, and development of other permanent resources for children should reunification with their parents not be possible. Concurrent planning should be described to parents at the outset.

Ways to support children's enduring family relationships should be made explicit in the Family Assessment, in service plans and during regular reviews. Children in placement should have opportunities for continued connections with parents, siblings, extended family and other important persons.

The team is particularly concerned with planning for adolescents in foster care. WWFRFS recommends that teens be provided the opportunity to participate in service plans and foster care reviews. Review of the child's well-being should focus on education, employment preparation, and independent living skills. Reviews for youth age 17 and older should include their biological and foster parents, social worker, other service providers. The review should use the Adolescent Permanency Transitional Planning Meeting Form and Checklist to ensure the youth will have what they need to live successfully as adults. DSS should continue to allow youth who leave DSS care at age 18 or later to return to the agency when needed to receive supportive services.

Service Planning and Provision

To fully integrate Core Practice Values, the WWFRFS team supports the use of a Strength Based approach to service planning. DSS has substantial expertise here, and many staff work with families to develop service plans that recognize families' strengths as well as needs. However, policy and systems such as FamilyNet (DSS information system) need revision to reflect strength based service planning. For example, terms such as "Problem Statement" and "Indicators" should be eliminated and statements of strengths and needs added. Families should participate directly in developing services plans, and language used should be understandable to the family.

Safety, Well-Being and Permanence – Beginning to End: All family members must be given opportunities to acquire and develop the array of life skills necessary to create safety and well-being within their family and community environment. Similarly, children and youth who are in placement must be given opportunities to acquire and develop the array of life skills needed to become independent adults with solid, long-lasting relationships. Therefore, service plans must address each of these areas from the start.

Service plans should incorporate the 'signs of safety' (see section on 'Safety'), and should include provisions for supporting children's enduring relationships. When children enter placement, their well-being becomes the Department's responsibility. Therefore, service plans must include a Child Profile, recording at least: names and address of child's health providers, and record of immunizations, medications and medical care requirements; name and address of child's school, and copy of school record, and assurance that the child's out-of-home placement provides for continuation at the same school whenever possible.

Timing: Service planning will begin within 10 business days after a family enters the Family Assessment Response pathway. The subsequent plan will be completed within 10 days after completion of the assessment.

Concurrent Planning: Specifics of concurrent planning provisions will be included in the service plan and all service plan reviews. Initial and subsequent service plans should specify conditions necessary for DSS to move out of the family's life.

Service Planning is a Process, Not an Event: Service planning is an ongoing process during the Department's involvement with a family. Service plans may change as family circumstances change, and updates should reflect successes by including reference to achievement, continuing progress, ongoing competency.

Case Closing

In current practice, planning for case closing occurs at some point during the course of the DSS involvement with family. Although laws and regulations govern how long a child may remain in foster care, it is sometimes not clear when and if a 'case' should be closed.

Planning for the end of DSS involvement with a family begins at engagement. The outcomes needed for case closing should be fully explored with the family during initial and subsequent assessments and service planning, and clearly specified in service plans. In this way, all participants are fully informed of possible effects and consequences of actions.

For youth, the service planning should focus on progress in gaining life skills and maintaining supportive relationships. The case closing plan should consider that progress. The team recommends use of an Adolescent Permanency Transitional Planning Meeting to identify and to document the youth's needs and to address the progress made toward maintaining enduring family relationships, education, employment, and life skills.

For all families, the team recommends that a case closing conference include parents and children whenever possible. This conference should develop and record the plan for closing the case. It is recommended that when DSS has been involved with the family long term, the plan be in place at least 90 days before the case is closed. Here again, the discussion and plan should be the result of joint action and decision, not the responsibility of one person alone.

Measuring Success

The Department is fully committed to Continuous Learning – to reflect on actions and learn from them; and to use solid information to promote learning. DSS has instituted a process known as CQI, for Continuous Quality Improvement. CQI is aimed at involving staff, families and communities in studying whether DSS is achieving its goals.

From the beginning, the team has been committed to incorporating this value, by evaluating whether the project results in the desired outcomes for families. Two general approaches are recommended.

Learning from Those Involved: Measures of experiences and perceptions of those involved with DSS. Since the project hopes to change the experience families have with DSS, the team recommends that study should focus on the perceptions of DSS among those affected – families, children, DSS staff, resource families, community partners. The WWFRFS team recommends design of a survey to gather information about experiences of being heard, accepted, blamed, respected, safe, understood, supported, helped, and encouraged.

Learning from Data: Mirrors the CQI process by using data available through existing information systems. This effort will measure where WWFRFS has an effect on outcomes such as: timeliness; pathways used; status of cases (open/closed); home visits; workload; training; information related to child well-being; costs.

Supporting Organizational and Practice Change

The WWFRFS team believes that success in moving forward requires engagement of the whole DSS community (staff, families, service providers, neighbors) in studying the model, improving it, and planning implementation. The team recommends using existing meetings and forums to provide information and generate discussion. In addition, WWFRFS will conduct special sessions (such as the **Listening and Learning Tour**) to provide opportunities to describe the model and get feedback. Copies of this Guide, the full Practice Model report, and other materials related to WWFRFS will be posted on the DSS web site at www.dsskids.org.

It is as important to plan now to sustain the model once implemented. Again, the whole DSS community must be involved. The **Child Welfare Institute (CWI)** will be a key component. The CWI is a joint project among DSS, Salem State College School of Social Work and UMass Medical School. The priority of the CWI is to provide professional development programs and training which fully support DSS practice improvements. CWI efforts must parallel work in implementing the Practice Model.

The team also believes that DSS should develop external means of supporting
excellence. One way would be to pursue obtaining accreditation, as a means to apply and promote high standards of practice. The **Council on Accreditation** is a national
organization which could provide this resources. In addition, expanding the Continuous Quality Improvement work to broaden community participation would provide external support to practice change.

Considerations

The team was encouraged to work creatively, unrestrained by budgetary, statutory or other such practical concerns. The following are some of the areas where the team sees that re-design or creation of DSS systems, organizational capacities or other changes will need to occur:

Staffing and Staff Development: The model proposes to reduce the use of the one-worker-per-family approach to services. It also proposes to increase the scope of assessments and service planning. A new position – Information and Referral specialist – is proposed. These changes will require an increase in staff, and careful study and re-design of current job descriptions and work-loads. DSS staff will need the best support consistently through professional development and training. Priorities in this training should focus on: strengths-based, family centered practice; cultural competence; understanding substance abuse, domestic violence, and mental illness; understanding and building relationships; the ability to recognize and respect a family's culture, and learning from the family.

Cultural Diversity and Competence: In Massachusetts, as well as the rest of the country, data tells us that families of color are represented in higher proportions in child welfare caseloads as well as in foster care than they are in the general population. Throughout the model, attention is given to improving the capacity of DSS to respond more fully to communities. The WWFRFS team believes that to fully integrate this Core Value, everyone at DSS, and its partners, must be willing and able to not only reflect on individual practice but to address the greater impact on poor families and families of color.

FamilyNet: FamilyNet is the DSS information system. It will need redesign to reflect the new system, and to incorporate Core Practice Values in design, layout and language.

Department Literature: Letters, brochures and other printed documents will need to be re-created to eliminate jargon, and pejorative phrases such as 'alleged perpetrator'. Literature should be available in languages that prevail in area offices.

Other: A number of other areas will require attention. Among them: Staff and families will need to be assured speedy access to services. Services to support families, such as transportation and translation services, will need to be developed. Existing laws and regulations will need full study to identify statutory and regulatory changes needed.

Massachusetts Department of Social Services

24 Farnsworth Street
Boston, MA 02210

617-748-2000
www.dsskids.org

Harry Spence
Commissioner

Isa Woldeguiorguis
Assistant Commissioner

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